

## HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809

TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org RECEIVED



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STATE OF HARAII STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM (Type or Print Clearly)

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PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
Saguibo Ar	to nio	Julian, Jr.	841-5877
MAILING ADDRESS (Street)			FAX
1617 Palama	Street		847-7829
(City)	(State)	(Zip	Code)
Honolulu	HI	94	817
EMPLOYING ORGANIZATION (Fill in only if	you are employed by a busi	ness entity which has been retained to lobby)	TELEPHONE
Laborers Union	Local	348	841-5877
MAILING ADDRESS (Street)			FAX
1617 Palama	Street		847-7829
(City)	(State)	(Zip	Code)
Honolulu	HI	91	,817

PART II ORGANIZATION				
NAME OF ORGANIZATION YOU LOBBY FO	R (Do not abbreviate)	TELEPHONE		
Laborers' Unio	n, Local	368 841-5877		
MAILING ADDRESS (Street)		FAX		
1617 Palama	Stree 1-	847-7829		
(City)	(State)	(Zip Code)		
Honolu	H I	94817		
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT TELEPHONE				
Donna Kekauoha 841-5877				
MAILING ADDRESS (Street)		FAX		
1617 Palama	Street	847-7829		
(City)	(State)	(Zip Code)		
Honolulu	HI	96817		

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY				
Agriculture	Education	Human Services	Science, Technology & Economic Development	
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation	
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation	
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)	
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections		

PART IV CERTIFICATION OF LOBBYIST

	· 6 ·		
I hereby certify that the	information furnished above is, to the best o	f my knowledge, correct and complete.	
Autow W	(\$ignature of Lobby(\$t)	1/26/05 (Date)	
	(Signature or cobbylist)	(Date)	
PART V AUTHORIZATIO		The state of the s	
NAME	TITLE OF AUT	HORIZING OFFICER OR PERSON REPRESENTED	
	·		
Benjamin Saguibo	Busines	s Manager/Secretary-Treasure	
NAME OF ORGANIZATION (if app	plicable)	TELEPHONE	
	•	·	
Laborers' International Union, Local 368		808-841-5877	
MAILING ADDRESS (Street)		FAX	
WAILING ADDITESS (Street)			
1617 Polome Charact		000 047 7027	
1617 Palama Street		808-847-7827	
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96817	
i nereby authorize the a	above - named person to engage in lobbying	activities on benait of the undersigned.	
Banjamin /	A. a. i.	Tanuari 26 2005	
		January 26, 2005	
(Signature of Authorizing Officer or Person Represented)		(Date)	